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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/690,947 10/18/2000 PAT 6,341,235
 which is a CIP of 09/008,636 01/16/1998 PAT 6,136,019
 which is a CIP of 08/699,552 08/19/1996 PAT 5,871,506

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 02/19/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials				

ADDRESS

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TITLE

Augmentation of electrical conduction and contractility by biphasic cardiac pacing administered via the cardiac blood pool

FILING FEE RECEIVED 2277	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)

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